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CONFIRMATION NO. 4386

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/532,536		152	1791	07040.02222

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/IB02/05537 12/20/2002

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	Examiner's Signature _____	Initials _____	ITALY	3	16	1

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TITLE

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